

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006652

1. Entity Name
LOCKWOOD FIVE LLC

FILED

01 MAR -7 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PMB #297
8951 BONITA BEACH RD #525
BONITA SPRINGS FL 34135

Mailing Address

PMB #297
8951 BONITA BEACH RD #525
BONITA SPRINGS FL 34135



2. Principal Place of Business

PMB #300
Suite, Apt. #, etc.

8951 Bonita Springs Fla #525
City & State
Bonita Springs Fla

Zip
34135

Country
LEE

3. Mailing Address

PMB #300
Suite, Apt. #, etc.

8951 Bonita Beach Rd #525
City & State
Bonita Springs Fla

Zip
34135

Country
LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3606376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TREBILCOCK, WILLIAM E
PMB 297
8951 BONITA BEACH ROAD #525
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME TREBILCOCK, WILLIAM E
STREET ADDRESS (PMB 297) 8951 BONITA BEACH ROAD, #525
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP PMB #300 8951 Bonita Beach Rd #525 Bonita Springs Fla 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800003888018--5

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP -03/20/01-01043-020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William E Trebilcock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-16-01 241 992 4976
Date Daytime Phone #

0021299 AF

CR2E083 (11/00)